

## **MINIMUM PROGRAM REQUIREMENTS FOR CHILD AND ADOLESCENT HEALTH CENTERS *ELEMENTARY SITES***

### **ELEMENT DEFINITION:**

Services designed specifically for elementary school-aged children 5-10 years of age aimed at achieving the best possible physical, intellectual, and emotional status. Included in this element are Elementary School Based Health Centers designed to provide primary care, psychosocial and health promotion/disease prevention, and outreach services.

### **MINIMUM PROGRAM REQUIREMENTS FOR CLINICAL AND ALTERNATIVE CLINICAL ELEMENTARY SCHOOL BASED HEALTH CENTERS:**

#### **Services**

1. The elementary health center shall provide a range of services based on a needs assessment of the community/target population and approved by the advisory committee. At a minimum the services shall include immunization screening and administration with the utilization of the Michigan Care Improvement Registry, primary care including health maintenance (well child/EPSTD) and care for acute illness and chronic conditions, laboratory tests for pregnancy, communicable diseases and primary prevention, mental health counseling, access or referral to dental services, referral for other needed clinical services not available at the elementary health center, health education including communicable disease education, and shall follow preventive services guidelines (such as American Academy of Pediatrics, Bright Futures, etc.).
2. The elementary health center shall not, as part of the services offered, provide abortion counseling, services, or make referrals for abortion services.
3. The clinical services provided shall meet the recognized, current standards of practice for care and treatment of elementary school-aged children (ages 5-10).
4. The elementary health center, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.
5. The elementary health center shall provide Medicaid outreach services to eligible children and families and shall adhere to Child and Adolescent Health Centers and Programs (CAHCPs) outreach activities as outlined in MSA 04-13

#### **Administrative**

6. Written approval by the school administration and local school board exists for the following:
  - a) location of the elementary health center on school property or in a building where K-5 education is provided;
  - b) administration of a needs assessment process to determine priority health services;
  - c) parental consent policy;
  - d) services rendered in the health center;

- e) policy and procedure on how children will access the center during school hours.
- 7. The elementary health center shall have a current interagency agreement defining roles and responsibilities between the contracting agency and the local school district.
- 8. The elementary health center shall be accessible to all students enrolled in the school building.
- 9. The elementary health center shall be open during hours accessible to its target population, and provisions must be in place for the same services to be delivered during times when school is not in session. Not in session refers to times of the year when schools are closed for extended periods, such as holiday, spring breaks, and summer vacation. These provisions shall be posted, given to and/or explained to clients, and presented in writing to parents or guardians and school staff including an answering service/machine message.

Clinical Centers: The center shall provide clinical services a minimum of five days a week. Total provider clinical time shall be at least 30 hours per week. Hours of operation must be posted in areas frequented by the target population. The elementary health center shall have a written plan for after-hours and weekend care, which shall either be posted, given to, and/or explained to clients.

Alternative Clinical Centers: The center shall provide clinical services a minimum of three days a week (days must be consistent each week). Total provider clinical time shall be at least 24 hours per week. Hours of operation must be posted in areas frequented by the target population. The elementary health center shall have a written plan for after-hours and weekend care, which shall either be posted, given to, and/or explained to clients.

- 10. The elementary health center shall have a licensed physician as a medical director who supervises the medical services provided. Written standing orders and clinical procedures approved by the medical director and the contracting agency shall be available for use by clinical staff.
- 11. The elementary health center shall be staffed by a certified nurse practitioner (PNP, FNP, SNP), licensed physician, or a licensed physicians assistant with pediatrics experience working under the supervision of a physician during all hours of clinic operation. The nurse practitioner must be certified or eligible for certification in Michigan and accredited by an appropriate national certification association or board. The physician and physician assistant must be licensed to practice in Michigan.
- 12. The elementary health center must be staffed with a minimum of a .5 FTE licensed counselor and/or certified Social Worker. Appropriate supervision must be provided.
- 13. The elementary health center shall implement a quality assurance plan. Components of the plan shall include at a minimum:
  - a) ongoing clinical and medical records reviews by peers to determine that conformity exists with current standards of practice. A system shall also be in place to implement corrective actions when deficiencies are noted.
  - b) completing, updating, or having access to a comprehensive needs assessment done within the last two to three years to determine the health needs of the target population.
  - c) conducting an age-appropriate client satisfaction survey/assessment periodically, and/or satisfaction surveys with parents and/or school staff, but no less than once per year.
- 14. A local advisory committee shall be established and operated as follows:

- a) A minimum of two meetings per year.
  - b) The committee must be representative of the community and must be comprised of at least 50% members of the community.
  - c) Health care providers shall not represent more than 50% of the committee.
  - d) Parents must be represented on the committee with at least 1/3 of the committee comprised of parents of school-aged children.
  - e) School staff must be represented on the committee, including at least one of the following: school nurses (if applicable), administrative positions, teachers, specialty school program staff, student support team members.
  - f) The committee should recommend the implementation and types of services rendered by the health center.
  - g) The advisory committee must approve the following policies and the elementary school health center must develop applicable procedures:
    - 1. Parental consent;
    - 2. Requests for medical records and release of information that include the role of the noncustodial parent and parents with joint custody;
    - 3. Confidential services; and
    - 4. Disclosure by clients or evidence of child physical or sexual abuse, and/or neglect
15. The elementary health center shall have space and equipment adequate for private physical examinations, private counseling, reception, laboratory services, secured storage for supplies and equipment, and secure paper and electronic client records. The physical facility must be barrier-free, clean, and safe.
16. The elementary health center staff shall follow all Occupational Safety and Health Act guidelines regarding transmission of blood borne pathogens, such as HIV and Hepatitis B, to health care and Public Safety Workers.
17. The elementary health center shall conform to the regulations determined by the Department of Health and Human Services for laboratory standards.

#### Billing and Fee Collection

18. The elementary health center shall establish and implement a sliding fee scale, which is not a barrier to health care for children. No child can be denied services because of inability to pay.
19. The elementary health center shall establish and implement a process for billing Medicaid, Qualified Health Plans and other third party payers.
20. The elementary health center must establish a process for working with assigned Primary Care Providers (PCP), which includes at a minimum a process for informing the PCP when a child is seen at the health center and the level of service that occurred.